



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2007**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No 000125324		2. Exact name of the limited liability company Popular Warehouse Lending, LLC	
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island Provided warehouse lines of credit to mortgage lenders	
5. Principal office address 120 Broadway, 16th Floor		City New York	State NY
		Zip 10271	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Brian Doran		Contact Title Assistant Secretary of Member Equity One, Inc.	
Street Address 120 Broadway, 16th Floor		City New York	State NY
		Zip 10271	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

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JUN 13 2013

BY *gmd*
29-199279

File Date _____
 Check No _____
 By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Bernard J. Martoni *4/8/13*
 Signature of Authorized Person Date

Bernard J. Martoni
 Print or Type Name of Authorized Person